



WEINRICH PROPERTIES

Rental Application

Directions to filling out the rental application:

1. Fill in all items and mark N/A (Not Applicable) where necessary.
 - a. If the application is not complete it will not be considered.
 - b. Must include fax numbers for Banks & Employers.
2. Supply all documentation as indicated in the application
 - a. Copies of Applicant, Co-Applicant's, & Co-Signer's:
 1. Drivers License
 2. Social Security Card
 3. 3 Months of pay stubs or proof of income.
3. Sign all places as indicated. Including Bank & Employment verification releases.
4. A \$50 Credit\Criminal Report fee is due with this application.
5. Fill out using pen, No pencil please.
6. Please type or print very clearly.

Please note: The application has 3 sections. **Tenant**, **Co-Tenant** (any other adults must fill out) & **Co-Signer**. Please fill out the sections that apply.

If you have any questions please call. Don't just leave it blank.

Tom Weinrich
314-974-0672 8AM – 8PM
Fax 1-866-704-4460



WEINRICH PROPERTIES

RENTAL APPLICATION

Landlords:

Tom Weinrich & David Weinrich
5240 Windswept Lane
House Springs, MO 63051

This Application is made to rent:

Mount Everest
334 Mt. Everest Apartment A
Fenton, MO 63026
A 2 bedroom, 1 Bath, Apartment with in home laundry.

Desired date of occupancy:_____

Desired length of occupancy:_____

Reason for moving:_____

The monthly rent shall be \$535.00 payable in advance.

The following deposits are required:

- Security Deposit of \$500.00

The total amount of the deposits shall be due upon signature of the lease.

The Applicant understands that the Landlord will perform a credit, criminal, & employment check to verify the Applicant's history in connection with the processing of this Rental Application.

A non-refundable credit & criminal report fee of \$50.00 is due with this application.



WEINRICH PROPERTIES

APPLICANT INFORMATION: (Other adults fill out Co-Applicant section)

Full Name: _____

**Social Security No.: _____ - _____ - _____

**Driver's License No. _____

****Photocopies of Social Security Card & Driver's License must be supplied.**

Date of Birth: _____

No. of occupants: Adults: _____ Children: _____

Smokers: Yes _____ No _____

PRESENT ADDRESS:

Street _____ City: _____ State: _____ Zip: _____

How long at present address: _____

Home Phone No.: (____) _____

Landlord's Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Current rent payment: _____

PRIOR ADDRESS:

Street _____ City: _____ State: _____ Zip: _____

How long at prior address: _____

Landlord's Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Rent payment: _____

Reason for moving: _____

◆ List same information for all address for the last 5 years. (Use the back if needed)



WEINRICH PROPERTIES

APPLICANT INFORMATION:

VEHICLES:

Make\Model: _____ Year: _____ License No.: _____

Make\Model: _____ Year: _____ License No.: _____

◆ List additional Vehicles on the back

SOURCES OF INCOME:

Wages	\$ _____
Salary	\$ _____
Commission	\$ _____
Tips	\$ _____
Gov't assistance	\$ _____
Child support/Alimony	\$ _____
Other: _____	\$ _____

◆ Must provide copies of the last 3 months of paychecks

CURRENT EMPLOYER:

Employer: _____

Street _____ City: _____ State: _____ Zip: _____

Position: _____ How long: _____

Supervisor: _____ Business Phone: (____) _____

Annual Income: _____

PRIOR EMPLOYER:

Employer: _____

Street _____ City: _____ State: _____ Zip: _____

Position: _____ How long: _____

Supervisor: _____ Business Phone: (____) _____

Annual Income: _____

◆ List same information for all employers for the last 5 years. (Use the back)



WEINRICH PROPERTIES

APPLICANT INFORMATION:

NEAREST RELATIVE NOT LIVING WITH YOU:

Name: _____

Street _____ City: _____ State: _____ Zip: _____

Home Phone No.: (____) _____ Fax No.: (____) _____

Relationship: _____

PERSONAL REFERENCES:

#1 Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Relationship: _____

#2 Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Relationship: _____



WEINRICH PROPERTIES

APPLICANT INFORMATION:

BANK REFERENCES:

#1 Bank Name: _____

Branch: _____

Street _____ City: _____ State: _____ Zip: _____

Account No.: _____

Account Type: Checking, Savings, Other: _____

Phone No.: (____) _____ Fax No.: (____) _____

#2 Bank Name: _____

Branch: _____

Street _____ City: _____ State: _____ Zip: _____

Account No.: _____

Account Type: Checking, Savings, Other: _____

Phone No.: (____) _____ Fax No.: (____) _____

#3 Bank Name: _____

Branch: _____

Street _____ City: _____ State: _____ Zip: _____

Account No.: _____

Account Type: Checking, Savings, Other: _____

Phone No.: (____) _____ Fax No.: (____) _____

Note: Fax numbers for banks are required for application processing.

◆ List additional accounts on back



WEINRICH PROPERTIES

CREDIT REFERENCES:

APPLICANT INFORMATION:

Credit Card Name: _____ Issuing Bank: _____

Account No.: _____ Credit limit: _____

Balance owed: _____ Monthly payment: _____

Expiration date: _____ Year Issued: _____

Street _____ City: _____ State: _____ Zip: _____

Account No.: _____

Phone No.: (____) _____ Fax No.: (____) _____

Credit Card Name: _____ Issuing Bank: _____

Account No.: _____ Credit limit: _____

Balance owed: _____ Monthly payment: _____

Expiration date: _____ Year Issued: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Credit Purchases (e.g. store accounts)

Name: _____

Account No.: _____ Credit limit: _____

Balance owed: _____ Monthly payment: _____

Expiration date: _____ Year Issued: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

◆ List additional accounts on back

◆ IF A SECOND ADULT WILL BE RENTING THE PREMISES, THEY WILL NEED TO COMPLETE THE CO-APPLICANT SECTION



WEINRICH PROPERTIES

CO-APPLICANT INFORMATION:

Full Name: _____

**Social Security No.: _____ - _____ - _____

**Driver's License No. _____

****Photocopies of Social Security Card & Driver's License must be supplied.**

Date of Birth: _____

PRESENT ADDRESS:

Street _____ City: _____ State: _____ Zip: _____

How long at present address: _____

Home Phone No.: (____) _____

Landlord's Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Current rent payment: _____

PRIOR ADDRESS:

Street _____ City: _____ State: _____ Zip: _____

How long at prior address: _____

Landlord's Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Rent payment: _____

Reason for moving: _____

◆ List same information for all address for the last 5 years. (Use the back if needed)



WEINRICH PROPERTIES

CO-APPLICANT INFORMATION:

VEHICLES:

Make\Model: _____ Year: _____ License No.: _____

Make\Model: _____ Year: _____ License No.: _____

◆List additional Vehicles on the back

SOURCES OF INCOME:

Wages	\$ _____
Salary	\$ _____
Commission	\$ _____
Tips	\$ _____
Gov't assistance	\$ _____
Child support/Alimony	\$ _____
Other: _____	\$ _____

◆Must provide copies of the last 3 months of paychecks

CURRENT EMPLOYER:

Employer: _____

Street _____ City: _____ State: _____ Zip: _____

Position: _____ How long: _____

Supervisor: _____ Business Phone: (____) _____

Annual Income: _____

PRIOR EMPLOYER:

Employer: _____

Street _____ City: _____ State: _____ Zip: _____

Position: _____ How long: _____

Supervisor: _____ Business Phone: (____) _____

Annual Income: _____

◆List same information for all employers for the last 5 years. (Use the back)



WEINRICH PROPERTIES

CO-APPLICANT INFORMATION:

NEAREST RELATIVE NOT LIVING WITH YOU:

Name: _____

Street _____ City: _____ State: _____ Zip: _____

Home Phone No.: (____) _____ Fax No.: (____) _____

Relationship: _____

PERSONAL REFERENCES:

#1 Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Relationship: _____

#2 Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Relationship: _____



WEINRICH PROPERTIES

CO-APPLICANT INFORMATION:

BANK REFERENCES:

#1 Bank Name: _____

Branch: _____

Street _____ City: _____ State: _____ Zip: _____

Account No.: _____

Account Type: Checking, Savings, Other: _____

Phone No.: (____) _____ Fax No.: (____) _____

#2 Bank Name: _____

Branch: _____

Street _____ City: _____ State: _____ Zip: _____

Account No.: _____

Account Type: Checking, Savings, Other: _____

Phone No.: (____) _____ Fax No.: (____) _____

#3 Bank Name: _____

Branch: _____

Street _____ City: _____ State: _____ Zip: _____

Account No.: _____

Account Type: Checking, Savings, Other: _____

Phone No.: (____) _____ Fax No.: (____) _____

Note: Fax numbers for banks are required for application processing.

◆ List additional accounts on back



WEINRICH PROPERTIES

CO-APPLICANT INFORMATION:

CREDIT REFERENCES:

Credit Card Name: _____ **Issuing Bank:** _____

Account No.: _____ **Credit limit:** _____

Balance owed: _____ **Monthly payment:** _____

Expiration date: _____ **Year Issued:** _____

Street _____ **City:** _____ **State:** _____ **Zip:** _____

Account No.: _____

Phone No.: (____) _____ **Fax No.:** (____) _____

Credit Card Name: _____ **Issuing Bank:** _____

Account No.: _____ **Credit limit:** _____

Balance owed: _____ **Monthly payment:** _____

Expiration date: _____ **Year Issued:** _____

Street _____ **City:** _____ **State:** _____ **Zip:** _____

Phone No.: (____) _____ **Fax No.:** (____) _____

Credit Purchases (e.g. store account)

Name: _____

Account No.: _____ **Credit limit:** _____

Balance owed: _____ **Monthly payment:** _____

Expiration date: _____ **Year Issued:** _____

Street _____ **City:** _____ **State:** _____ **Zip:** _____

Phone No.: (____) _____ **Fax No.:** (____) _____

◆List additional accounts on back



WEINRICH PROPERTIES

List names of all tenants, including children and anyone who will live with you, even if on a temporary basis.

#1 Full Name: _____

Present Address:

Street _____ City: _____ State: _____ Zip: _____

How long at present address: _____ Home Phone No.: (____) _____

Adult: _____ Child's Age: _____ Relationship: _____

Occupation: _____ School: _____

#2 Full Name: _____

Present Address:

Street _____ City: _____ State: _____ Zip: _____

How long at present address: _____ Home Phone No.: (____) _____

Adult: _____ Child's Age: _____ Relationship: _____

Occupation: _____ School: _____

#3 Full Name: _____

Present Address:

Street _____ City: _____ State: _____ Zip: _____

How long at present address: _____ Home Phone No.: (____) _____

Adult: _____ Child's Age: _____ Relationship: _____

Occupation: _____ School: _____

#4 Full Name: _____

Present Address:

Street _____ City: _____ State: _____ Zip: _____

How long at present address: _____ Home Phone No.: (____) _____

Adult: _____ Child's Age: _____ Relationship: _____

Occupation: _____ School: _____

◆List additional tenants on back.



WEINRICH PROPERTIES

Do any of the above listed tenants own real estate?

Yes ___ No ___ If yes, please explain:

Have you or any of the above listed tenants ever been evicted from any rental premises?

Yes ___ No ___ If yes, please explain:

Have you or any of the above listed tenants ever willfully and intentionally refused to pay rent when due?

Yes ___ No ___ If yes, please explain:

Are there any circumstances which may interrupt your income or ability to pay rent?

Yes ___ No ___ If yes, please explain:

Have you or any of the above listed tenants ever been ever been convicted of a felony or received deferred adjudication for a felony?

Yes ___ No ___ If yes, please explain:

Have you or any of the above listed tenants ever declared bankruptcy?

Yes ___ No ___ If yes, please explain:



WEINRICH PROPERTIES

CO-SIGNER INFORMATION

(If someone else will be paying rent, but not actually occupying the premises.) Please complete for sole purpose of allowing Landlord to do a credit check.

Full Name: _____

**Social Security No.: _____ - _____ - _____

**Driver's License No. _____

****Photocopies of Social Security Card & Driver's License must be supplied.**

Date of Birth: _____

No. of occupants: Adults: _____ Children: _____

Smokers: Yes _____ No _____

PRESENT ADDRESS:

Street _____ City: _____ State: _____ Zip: _____

How long at present address: _____

Home Phone No.: (____) _____ Fax No.: (____) _____

Own or Rent? _____

If you Rent: Landlord's Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Current rent payment: _____

◆ List same information for all address for the last 5 years. (Use the back if needed)

Do you own real estate: Yes _____ No _____

Explain? _____



WEINRICH PROPERTIES

CO-SIGNER INFORMATION

SOURCES OF INCOME:

Wages \$ _____
 Salary \$ _____
 Commission \$ _____
 Tips \$ _____
 Gov't assistance \$ _____
 Child support/Alimony \$ _____
 Other: _____ \$ _____

◆ Must provide copies of the last 3 months of paychecks

CURRENT EMPLOYER:

Employer: _____
 Street _____ City: _____ State: _____ Zip: _____
 Position: _____ How long: _____
 Supervisor: _____ Business Phone: (____) _____
 Annual Income: _____

PRIOR EMPLOYER:

Employer: _____
 Street _____ City: _____ State: _____ Zip: _____
 Position: _____ How long: _____
 Supervisor: _____ Business Phone: (____) _____
 Annual Income: _____

◆ List same information for all employers for the last 5 years. (Use the back)



WEINRICH PROPERTIES

CO-SIGNER INFORMATION

CREDIT REFERENCES:

Credit Card Name: _____ **Issuing Bank:** _____

Account No.: _____ **Credit limit:** _____

Balance owed: _____ **Monthly payment:** _____

Expiration date: _____ **Year Issued:** _____

Street _____ **City:** _____ **State:** _____ **Zip:** _____

Account No.: _____

Phone No.: (____) _____ **Fax No.:** (____) _____

Credit Card Name: _____ **Issuing Bank:** _____

Account No.: _____ **Credit limit:** _____

Balance owed: _____ **Monthly payment:** _____

Expiration date: _____ **Year Issued:** _____

Street _____ **City:** _____ **State:** _____ **Zip:** _____

Phone No.: (____) _____ **Fax No.:** (____) _____

Credit Purchases (e.g. store account)

Name: _____

Account No.: _____ **Credit limit:** _____

Balance owed: _____ **Monthly payment:** _____

Expiration date: _____ **Year Issued:** _____

Street _____ **City:** _____ **State:** _____ **Zip:** _____

Phone No.: (____) _____ **Fax No.:** (____) _____

◆List additional accounts on back



WEINRICH PROPERTIES

CO-SIGNER INFORMATION

BANK REFERENCES:

#1 Bank Name: _____

Branch: _____

Street _____ City: _____ State: _____ Zip: _____

Account No.: _____

Phone No.: (____) _____ Fax No.: (____) _____

#2 Bank Name: _____

Branch: _____

Street _____ City: _____ State: _____ Zip: _____

Account No.: _____

Phone No.: (____) _____ Fax No.: (____) _____

#3 Bank Name: _____

Branch: _____

Street _____ City: _____ State: _____ Zip: _____

Account No.: _____

Phone No.: (____) _____ Fax No.: (____) _____

◆List additional accounts on back



WEINRICH PROPERTIES

CO-SIGNER INFORMATION

PERSONAL REFERENCES:

#1 Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Relationship: _____

#2 Name: _____

Street _____ City: _____ State: _____ Zip: _____

Phone No.: (____) _____ Fax No.: (____) _____

Relationship: _____



WEINRICH PROPERTIES

I represent that the information provided in this Application is true and correct to the best of my knowledge. Tom Weinrich & David Weinrich are authorized to verify the references and employment information given in this Application and to request a credit check & criminal check.

Applicant's Signature

Date

Print Name

Date

Co-Applicant's Signature

Date

Print Name

Date

Co-signer Signature Section

I represent that the information provided in this Application is true and correct to the best of my knowledge. Tom Weinrich & David Weinrich is authorized to verify the references and employment information given in this Application and to request a credit check.

Co-signer's Signature

Date

Print Name

Date

The information provided by the prospective tenant(s) may be used by Tom Weinrich & David Weinrich to determine whether to accept this Application.

Accepted: _____ Refused: _____

By: _____



WEINRICH PROPERTIES

Tenant

To: _____
Attn: Human Resource Department

From:
Weinrich Properties
Tom Weinrich & David Weinrich
PO Box 351
Arnold, MO 63010

Subject: Employment Verification for rental application.

Dear Employer:

We are in the process of confirming information provided by a prospective tenant who has provided your name as employer in connection with a rental application. Please verify the information provided by the tenant. Your assistance is appreciated by your employee and us.

Please fax to: 314-845-9093

Thank you for your cooperation.

Tom Weinrich & David Weinrich

Weinrich Properties
P.O. Box 351
Arnold, MO 63010
Phone: 314-974-0672
Fax: 314-845-9093



WEINRICH PROPERTIES

Tenant

TENANT SUPPLIED INFORMATION

Prospective Tenant's Name: _____

Position: _____

Wage/Salary: _____ Per: _____

Length of time with above Employer: _____

I have completed the above information in connection with a rental application. The addressee of this letter is authorized to verify this information and supply the above named landlord with the information requested in the following items. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

_____ Date: _____

Prospective Tenant's Signature:

Print Name

****VERIFICATION TO BE COMPLETED BY EMPLOYER****

Is the employment information correct: Yes ____ No ____

Is this employment:

Part-time _____ Full-time _____ Temporary _____ Permanent _____

Information provided by: _____

Title: _____ Date: _____

Please Fax to: 314-845-9093



WEINRICH PROPERTIES

Tenant

To: _____
Attn: Credit Department \ Account Verification

From:
Weinrich Properties
Tom Weinrich & David Weinrich
PO Box 351
Arnold, MO 63010

Subject: Account Verification

Dear Sir or Madam:

Please verify the bank account information provided in connection with a rental application by the prospective tenant named on the following page.

Please fax back to 314-845-9093.

Thank you for your cooperation.

Tom Weinrich & David Weinrich



WEINRICH PROPERTIES

TENANT SUPPLIED INFORMATION

Tenant

Name of Prospective Tenant(s): _____

Address:

Street _____ City _____ State _____ Zip _____

Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance: \$ _____

Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance: \$ _____

I have completed the above information in connection with a rental application. The addressee of this letter is authorized to verify this information and supply the above named landlord with the information requested in the following items. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Signature of Account Holder

Signature of Account Holder

Print Name

Print Name

****VERIFICATION TO BE COMPLETED BY BANK****

#1 Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance \$ _____

Average Balance for previous two months: \$ _____ Date opened: _____

#2 Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance \$ _____

Average Balance for previous two months: \$ _____ Date opened: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE Fax to: 314-845-9093



WEINRICH PROPERTIES

Co-Tenant

To: _____
Attn: Human Resource Department

From:
Weinrich Properties
Tom Weinrich & David Weinrich
PO Box 351
Arnold, MO 63010

Subject: Employment Verification for rental application.

Dear Employer:

We are in the process of confirming information provided by a prospective tenant who has provided your name as employer in connection with a rental application. Please verify the information provided by the tenant. Your assistance is appreciated by your employee and us.

Please fax to: 314-845-9093

Thank you for your cooperation.

Tom Weinrich & David Weinrich

Weinrich Properties
P.O. Box 351
Arnold, MO 63010
Phone: 314-974-0672
Fax: 314-845-9093



WEINRICH PROPERTIES

Co-Tenant

CO-TENANT SUPPLIED INFORMATION

Prospective Tenant's Name: _____

Position: _____

Wage/Salary: _____ Per: _____

Length of time with above Employer: _____

I have completed the above information in connection with a rental application. The addressee of this letter is authorized to verify this information and supply the above named landlord with the information requested in the following items. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

_____ Date: _____

Prospective Tenant's Signature:

Print Name

****VERIFICATION TO BE COMPLETED BY EMPLOYER****

Is the employment information correct: Yes ____ No ____

Is this employment:

Part-time _____ Full-time _____ Temporary _____ Permanent _____

Information provided by: _____

Title: _____ Date: _____

Please Fax to: 314-845-9093



WEINRICH PROPERTIES

Co-Tenant

To: _____
Attn: Credit Department \ Account Verification

From:
Weinrich Properties
Tom Weinrich & David Weinrich
PO Box 351
Arnold, MO 63010

Subject: Account Verification

Dear Sir or Madam:

Please verify the bank account information provided in connection with a rental application by the prospective tenant named on the following page.

Please fax back to 314-845-9093.

Thank you for your cooperation.

Tom Weinrich & David Weinrich



WEINRICH PROPERTIES

Co-Tenant

CO-TENANT SUPPLIED INFORMATION

Name of Prospective Tenant(s): _____

Address:

Street _____ City _____ State _____ Zip _____

Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance: \$ _____

Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance: \$ _____

I have completed the above information in connection with a rental application. The addressee of this letter is authorized to verify this information and supply the above named landlord with the information requested in the following items. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Signature of Account Holder

Signature of Account Holder

Print Name

Print Name

****VERIFICATION TO BE COMPLETED BY BANK****

#1 Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance \$ _____

Average Balance for previous two months: \$ _____ Date opened: _____

#2 Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance \$ _____

Average Balance for previous two months: \$ _____ Date opened: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE Fax to: 314-845-9093



WEINRICH PROPERTIES

Co-Signer

To: _____
Attn: Human Resource Department

From:
Weinrich Properties
Tom Weinrich & David Weinrich
PO Box 351
Arnold, MO 63010

Subject: Employment Verification for rental application.

Dear Employer:

We are in the process of confirming information provided by a prospective tenant who has provided your name as employer in connection with a rental application. Please verify the information provided by the Co-signer. Your assistance is appreciated by your employee and us.

Please fax to: 314-845-9093

Thank you for your cooperation.

Tom Weinrich & David Weinrich

Weinrich Properties
P.O. Box 351
Arnold, MO 63010
Phone: 314-974-0672
Fax: 314-845-9093



WEINRICH PROPERTIES

Co-Signer

CO-SIGNER SUPPLIED INFORMATION

Prospective Co-signer's Name: _____

Position: _____

Wage/Salary: _____ Per: _____

Length of time with above Employer: _____

I have completed the above information in connection with a rental application. The addressee of this letter is authorized to verify this information and supply the above named landlord with the information requested in the following items. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Date: _____
Prospective Co-signer's Signature:

Print Name

****VERIFICATION TO BE COMPLETED BY EMPLOYER****

Is the employment information correct: Yes ____ No ____

Is this employment:
Part-time ____ Full-time ____ Temporary ____ Permanent ____

Information provided by: _____

Title: _____ Date: _____

Please Fax to: 314-845-9093



WEINRICH PROPERTIES

Co-Signer

To: _____
Attn: Credit Department \ Account Verification

From:
Weinrich Properties
Tom Weinrich & David Weinrich
PO Box 351
Arnold, MO 63010

Subject: Account Verification

Dear Sir or Madam:

Please verify the bank account information provided in connection with a rental application by the prospective co-signer named on the following page.

Please fax back to 314-845-9093.

Thank you for your cooperation.

Tom Weinrich & David Weinrich



WEINRICH PROPERTIES

Co-Signer

CO-SIGNER SUPPLIED INFORMATION

Name of Prospective Tenant(s): _____

Address:

Street _____ City _____ State _____ Zip _____

#1 Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance: \$ _____

#2 Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance: \$ _____

I have completed the above information in connection with a rental application. The addressee of this letter is authorized to verify this information and supply the above named landlord with the information requested in the following items. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Signature of Account Holder

Signature of Account Holder

Print Name

Print Name

****VERIFICATION TO BE COMPLETED BY BANK****

#1 Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance \$ _____

Average Balance for previous two months: \$ _____ Date opened: _____

#2 Type of Account: Checking _____ Savings _____ Other: _____

Account Number: _____ Balance \$ _____

Average Balance for previous two months: \$ _____ Date opened: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE Fax to: 314-845-9093